

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

10/541570

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		2		/		
5		2		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		0		/		
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17		0		/		
18		0		/		
19		0		/		
20		0		/		
21		0		/		
22		0		/		
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25		0		/		
26		0		/		
27		1		/		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	30		28			
TOTAL CLAIMS	31		29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						